

Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500.

Amendment

☐ Yes

☒ No

1. Committee Information

a. Full Name	c. ID Number
ISENHOWER FOR COMMISSIONER	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
1537 LITTLE HILL ROAD NEWTON, NC 28658	Nov. 12, 2007
	e. Phone Number
	828-465-2143

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	c. Candidate ID Number	d. Party Affiliation
CHARLES RANDALL ISENHOWER		REPUBLICAN
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction
1537 LITTLE HILL ROAD NEWTON, NC 28658	COUNTY COMMISSIONER	CATAWBA COUNTY
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)		

3. Treasurer Information

a. Full Name	
C. RANDALL ISENHOWER	
b. Mailing Address (include City, State, and Zip Code)	
1537 LITTLE HILL ROAD NEWTON, NC 28658	
c. Phone Number	d. Email Address
465-2143	CR624@bel/south.net

4. Custodian of Books Information

a. Full Name	
C. RANDALL ISENHOWER	
b. Mailing Address (include City, State, and Zip Code)	
1537 LITTLE HILL ROAD NEWTON, NC 28658	
c. Phone Number	d. Email Address
465-2143	CR624@bel/south.net

5. Assistant Treasurer Information

☐ Add

☐ Remove

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address

6. Account Information (incl. CRO-3500)

☐ Add

☐ Remove

a. Financial Institution Full Name	
FIRST CITIZENS BANK	
b. Purpose	
CAMPAIGN	
c. Account Code	d. Type
CRT	CHECKING

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.

C. RANDALL ISENHOWER

Printed Name of Signer

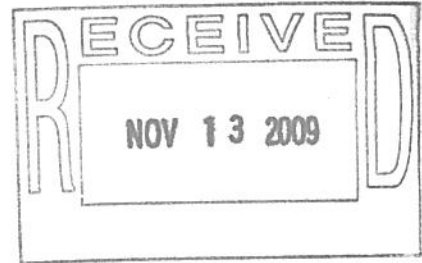
Signature of Appointed Treasurer

11/13/07

Date



North Carolina
State Board of Elections
506 N Harrington Street
Raleigh, NC 27603



Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name:

C. RANDALL (RANSY) ZENHOWER

Treasurer Name:

RANSY ZENHOWER

Treasurer Address:

1537 LITTLE HILL ROAD

(include city, state, & zip)

NEWTON, NC 28658

Treasurer Phone:

828-465-2143

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

11/13/09

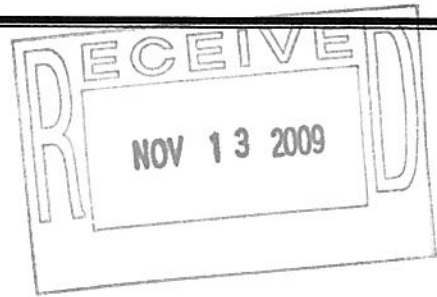
Date Signed

Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



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Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

Candidate Name: C. RANDALL (RANDY) ESENHOWER
Committee Name: ESENHOWER FOR COMMISSIONER
Treasurer Name: RANDY ESENHOWER -

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: _____

Level Registered: [State] [County] If county, specify: CATAWBA

I, C. Randall ESENHOWER, hereby direct that in the event of my death or incapacity all
(Name of Candidate)

funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>CONCORDIA LUTHERAN CHURCH</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: _____

Date: _____

Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.